

EXHIBIT 27

Case No: BI-LA2022-00016

ATTACHMENT: 004

SUSPICIOUS INJURY REPORT
STATE OF CALIFORNIA
California Office of Emergency Services

Cal OES 2-920

Confidential Document

Penal Code Section 11160 requires that if any health practitioner provides medical services for a wound or physical injury inflicted as a result of a crime, make a telephone report immediately or as soon as possible within 24 hours of receiving the information to a local law enforcement agency, submitting the written report.

LA ST FRANCIS MEDICAL CENTER
Trauma, Southsudan One
Att Dr: No att. providers found
05/04/74 U 148 y.o.
7700065126606 Emergency
112266444

it, provides medical services for a wound or physical injury inflicted as a result of a crime, shall submit report within 24 hours of receiving the information to a local law enforcement agency, submitting the written report (Cal OES 2-920) for

This form is used by law enforcement only and is confidential in accordance with Section 11165.2 of the Penal Code. In no case shall the person identified as a suspect be allowed access to the injured person's whereabouts.

Part A: PATIENT WITH SUSPICIOUS INJURY

1. Name of Patient (Last, First, Middle)	2. Birth Date	3. Gender <input checked="" type="checkbox"/> M <input type="checkbox"/> F	4. SAFE Telephone Number ()
5. Patient Address (Number and Street / Apt – No P.O. Box)	City	State	Zip
6. Patient Speaks English <input type="checkbox"/> Yes <input type="checkbox"/> No If No, identify language spoken: UNK	7. Date and Time of Injury Date: 5/4/22 Time: <input type="checkbox"/> am <input type="checkbox"/> pm <input type="checkbox"/> unknown		
8. Location / Address Where Injury Occurred, if Available. Check here if unknown: 1051 Garfield			
9. Patient description of the incident. Include any identifying information about the person the patient alleges caused the injury and the names of any persons who may know about the incident. 35yo attempted SI hit by 1 car 4 GSW, RT chest/l thigh by CHP LF			<input type="checkbox"/> Additional Pages Attached
10. Name of Suspect, if Identified by the Patient	11. Relationship to Patient. <input checked="" type="checkbox"/> No Relationship		
12. Suspicious Injury Description. Include a brief description of physical findings, lab tests completed or pending, and other pertinent information. Dr. Strumwasser, Trauma MD Dr. Woo, Dr. Emergency dpt. Moses, RN			
TOD 12:08			

Part B: REQUIRED – AGENCIES RECEIVING PHONE AND WRITTEN REPORTS

13. Law Enforcement Agency Notified By Phone (Mandated by PC 11160)	14. Date and Time Reported Date: 5/4/22 Time: 12:01 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	
15. Name of Person Receiving Phone Report (First and Last)	16. Title CHP Portillo	17. Phone Number (323) 980-4600
18. Law Enforcement Agency Receiving Written Report (Mandated by PC 11160)	19. Agency Incident Number	

Part C: PERSON FILING REPORT

20. Name of Health Practitioner (First and Last) Veronica Acosta	Title LCSW	Telephone 3109007856	
21. Employer's Name St Francis Medical Center	Phone Number 3109004525		
22. Employer's Address (Number and Street) 36030 E Imperial Hwy	City Cynwood	State CA	Zip 90262
23. HEALTH PRACTITIONER'S SIGNATURE: Veronica Acosta	26. Date Signed: 5/4/2022		

Date/Time: 05/04/2022 11:21:09	Patient Name: Unknown, Male	Incident Number: LAC22148094	Sequence Number: CF2205040488
EMS Agency Name: LACoFD	Unit Number: S98	Incident/Patient Disposition: (ALS) Patient Treated, Transported	Rec Facility: SFM Saint Francis Medical Center
LA COUNTY			LACLAO 1320 N Eastern Avenue City of Los Angeles, CA 90063 Work: (323) 881-2411
			

Incident Info

Unit Notified by	05/04/2022 11:21:09	Incident Number:	LAC22148094
Dispatch Date/Time:			
Mass Casualty No		Sequence Number:	CF2205040488
Incident:		EMS Unit Call Sign:	S98
EMS Vehicle (Unit) Number:	S98	Disposition:	
Dispatch Complaint:	T/C PED INVOLVED - ALS		
Location Code:	FR - Freeway	GPS Location:	33.91135,-118.1649
Incident Address:	WB 105 EO 710 FWY PARAMOUNT, CA 90723		

Provider and Times

Agency : LACoFD	Unit ID: S98	Level of Care: Advanced Life Support
Dispatch:	05/04/2022 11:21:09	
Arrival:	05/04/2022 11:29:12	
At Patient:	05/04/2022 11:35:12	
Left Scene:	05/04/2022 12:16:12	
At Facility:	05/04/2022 12:24:12	
Facility Equip:	05/04/2022 12:25:08	
Available:	05/04/2022 12:30:12	

Additional Responding Units

LACoFD Units				
Unit ID	Level of Care	PSAP Call Date/Time	Notified by Dispatch Date/Time	En Route Date/Time
E57	BLS-Basic /EMT	11:19:47	11:21:09	11:21:22

Transporting Units

Transport Agency	Transport Unit Number
WEST MED/MCCORMICK AMBULANCE	000

Crew Members

Crew Members		
Crew Member ID	Crew Member Level	Crew Member Response Role
DIGBY, ADAM (P41473)	Paramedic	Paramedic Driver (Documenter)
SCHAEPER, PATRICK (P41470)	Paramedic	Primary Patient Caregiver -ALS Unit

PPE

EMS Professional (Crew Member) ID	Personal Protective Equipment Used
DIGBY, ADAM (P41473)	Mask-N95
SCHAEPER, PATRICK (P41470)	Mask-N95 ; Gloves

Transported To

Receiving Facility: SFM Saint Francis Medical Center

Date/Time: 05/04/2022 **Patient Name:** Unknown, Male **Incident Number:** LAC22148094 **Sequence Number:** CF2205040488
 11:21:09 **Unit Number:** 598 **Incident/Patient Disposition:** (ALS) Patient Treated, Transported **Rec Facility:** SFM Saint Francis Medical Center
EMS Agency Name: LACoFD

Facility Address: 3630 E Imperial Hwy, Lynwood, CA 90262
Incident/Patient Disposition: (ALS) Patient Treated, Transported

Transport To: Criteria - Specialty Center

Hospital Capability: Trauma Center Level 2 (TC)

Reason:

Base Hospital Contacted: SFM Saint Francis Medical Center

Patients Transported: 1 **# Patients at Scene:** 1

Patient Information

Name: Unknown, Male,
Date of Birth: Unable to Complete
Est. Weight (lbs.): 225

Age: 35 Years
Est. Weight (kg.): 102.1

Gender: Male

Color Code:
Weight:

Home Address: Unknown , ,

Patient History

Med/Surg History: Unable to Complete

Medication Allergies:

Unable to Complete

Allergic to ASA?: No

Current Medications:

Unable to Complete

Patient Assessment

Distress Level: Severe

Dispatch Complaint: T/C PED INVOLVED

Chief Complaint: Penetrating Traumatic Arrest
Other Complaints:

Primary Impression: Traumatic Arrest, Penetrating
Other Impressions:

Mechanism of injury: Firearm Injury, Assault/Intentional (GSW)

Treatment Protocols

Protocols Used:

Traumatic Arrest - 1243

GCS/Stroke Scale

GCS

Date/Time	Eye	Motor	Verbal	Total Score
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Date/Time: 05/04/2022 11:21:09	Patient Name: Unknown, Male	Incident Number: LAC22148094	Sequence Number: CF2205040488
EMS Agency Name: LACoFD	Unit Number: S98	Incident/Patient Disposition: (ALS) Patient Treated, Transported	Rec Facility: SFM Saint Francis Medical Center

11:40:53	1 - None	1 - None	1 - None	3
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Stroke Assessment

Stroke Scale Type

LAMS
LAMS
LAMS
LAMS
LAMS
LAMS
LAMS

Therapies/ Procedures/ Meds/ DeRb

Date/Time	TM #	Procedures		Procedure Successful
		Procedure		
11:36:01	SCHAEPER, PATRICK (P41470)	CPR		Yes
11:36:02	SCHAEPER, PATRICK (P41470)	AED		
11:36:04	SCHAEPER, PATRICK (P41470)	OPA - Oropharyngeal Airway Insertion		Yes
11:36:36	SCHAEPER, PATRICK (P41470)	Bag-Mask Ventilations (BMV)		
11:37:44	SCHAEPER, PATRICK (P41470)	Intraosseous Insertion		No
11:38:19	SCHAEPER, PATRICK (P41470)	Intraosseous Insertion		No
11:39:48	SCHAEPER, PATRICK (P41470)	Intraosseous Insertion		Yes
11:41:32	SCHAEPER, PATRICK (P41470)	Dressing Application		Yes
11:42:49	SCHAEPER, PATRICK (P41470)	Needle Thoracostomy		Yes
11:46:28	SCHAEPER, PATRICK (P41470)	ALS Assessment		Yes

Medications

Date/Time Medication Administered	Medication Crew (Healthcare Professionals) ID	Medication Given	Medication Dosage/ Units	Medication Administered Route
11:39:12	SCHAEPER, PATRICK (P41470)	OX - Oxygen	15 Liters Per Minute (LPM [gas])	Bag Valve Mask (BVM)

Date/Time: 05/04/2022
11:21:09
EMS Agency Name: LACoFD

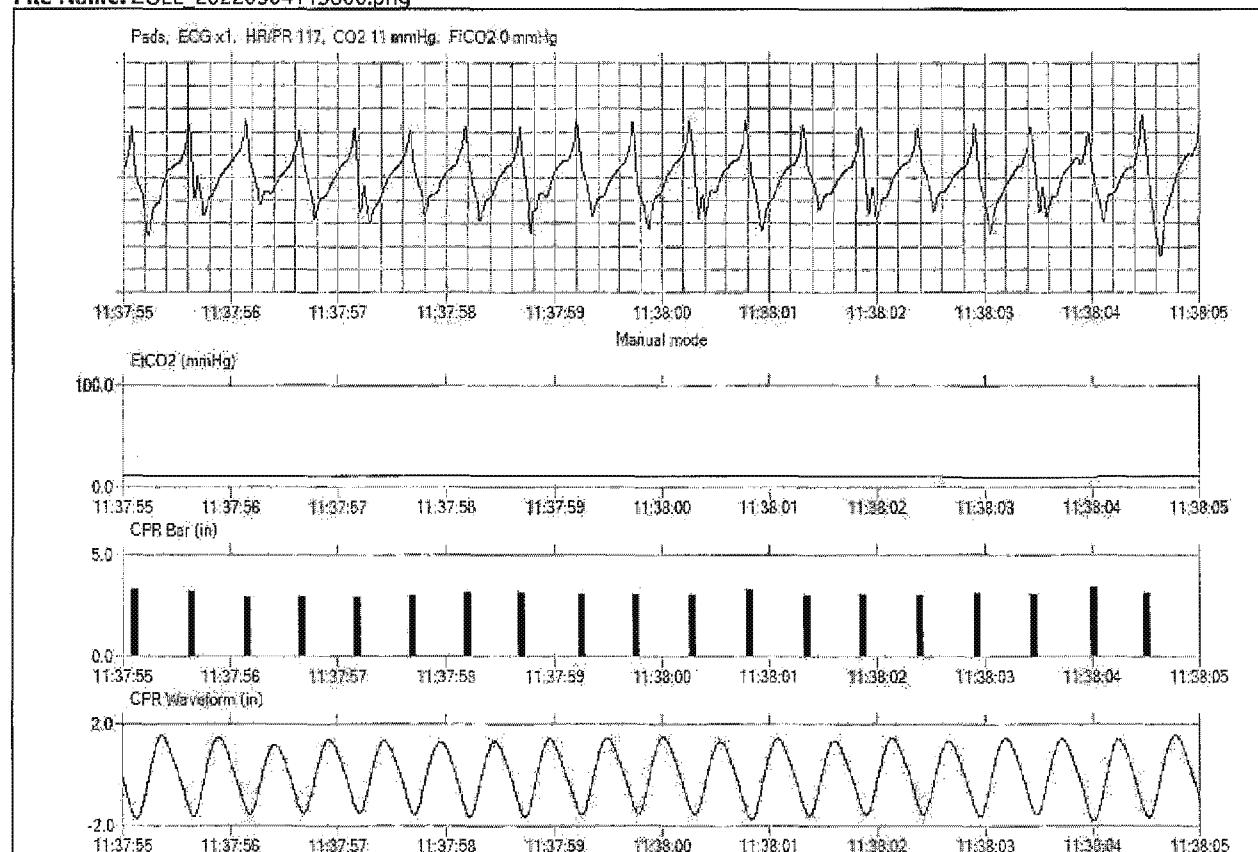
Patient Name: Unknown, Male
Unit Number: S98

Incident Number: LAC22148094
Incident/Patient Disposition: (ALS) Patient Treated, Transported

Sequence Number: CF2205040488
Rec Facility: SFM Saint Francis Medical Center

Time: 05/04/2022 11:38:00

File Name: ZOLL_20220504113800.png



Date/Time: 05/04/2022

11:21:09

EMS Agency LACoFD
Name:

Patient Name: Unknown, Male

Unit Number: 598

Incident LAC22148094

Number:

Incident/Patient (ALS) Patient
Disposition: Treated,
Transported

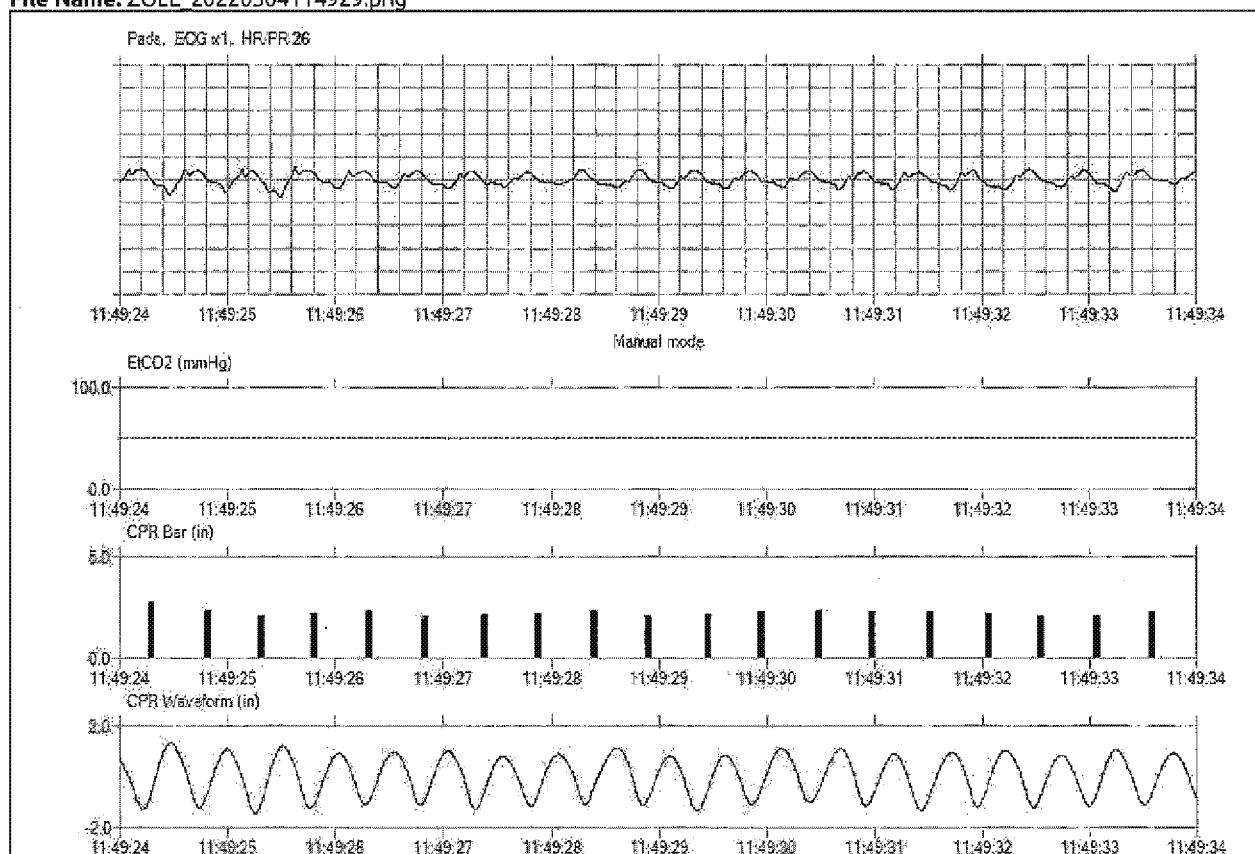
Sequence CF2205040488

Number:

Rec Facility: SFM Saint
Francis Medical
Center

Time: 05/04/2022 11:48:00

File Name: ZOLL_20220504114929.png



Date/Time: 05/04/2022
11:21:09

EMS Agency LACoFD
Name:

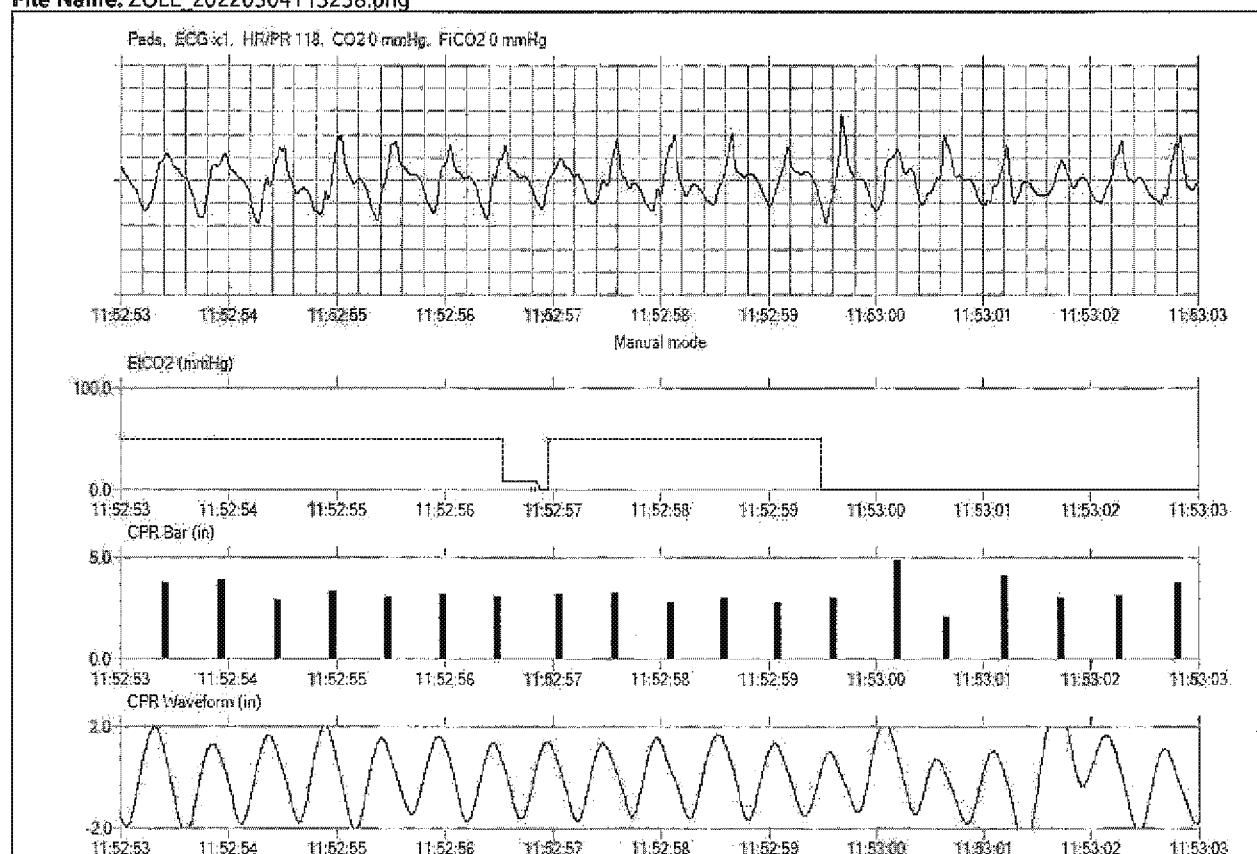
Patient Name: Unknown, Male
Unit Number: S98

Incident LAC22148094
Number:
Incident/Patient (ALS) Patient
Disposition: Treated,
Transported

Sequence CF2205040488
Number:
Rec Facility: SFM Saint
Francis Medical
Center

Time: 05/04/2022 11:52:58

File Name: ZOLL_20220504115258.png



Date/Time: 05/04/2022
11:21:09
EMS Agency LACoFD
Name:

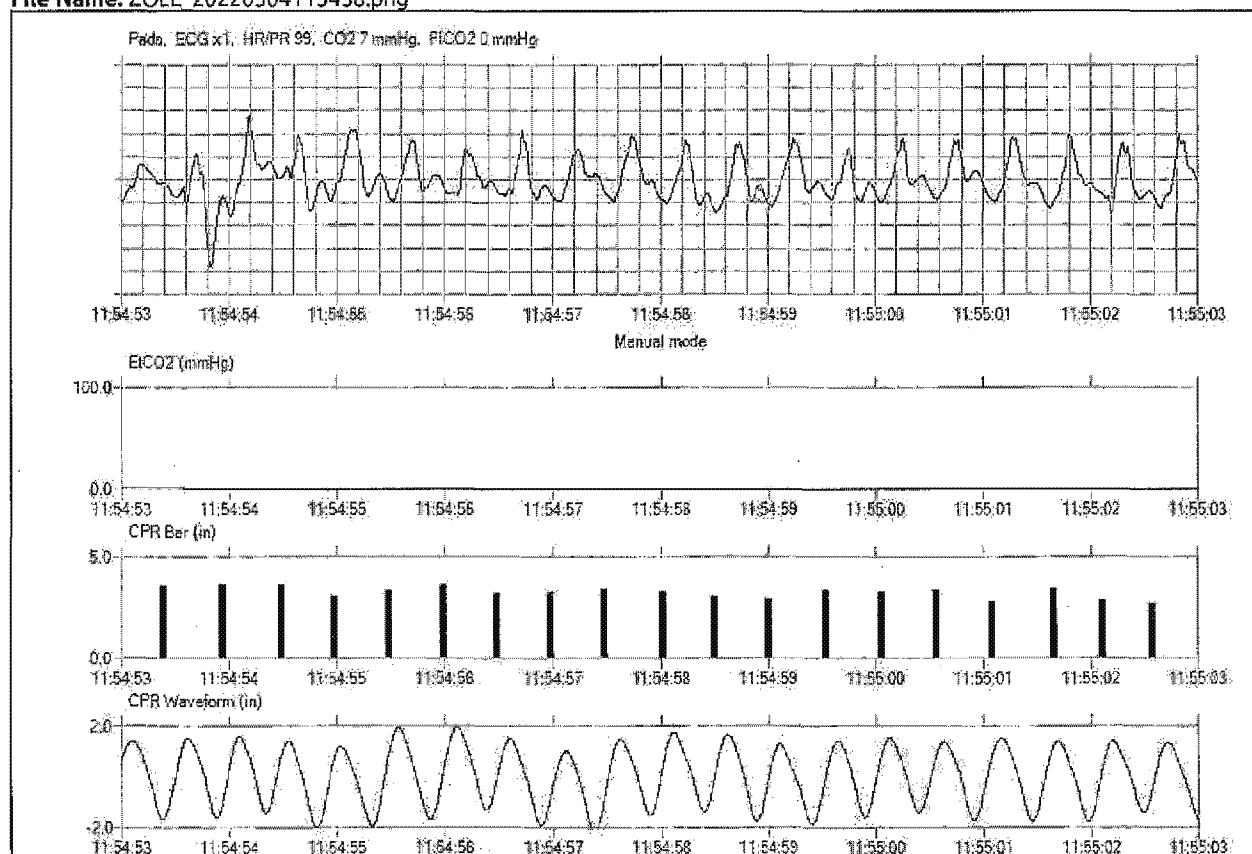
Patient Name: Unknown, Male
Unit Number: 598

Incident LAC22148094
Number:
Incident/Patient (ALS) Patient
Disposition: Treated,
Transported

Sequence CF2205040488
Number:
Rec Facility: SFM Saint
Francis Medical
Center

Time: 05/04/2022 11:54:58

File Name: ZOLL_20220504115458.png



Date/Time: 05/04/2022
11:21:09
EMS Agency LACoFD

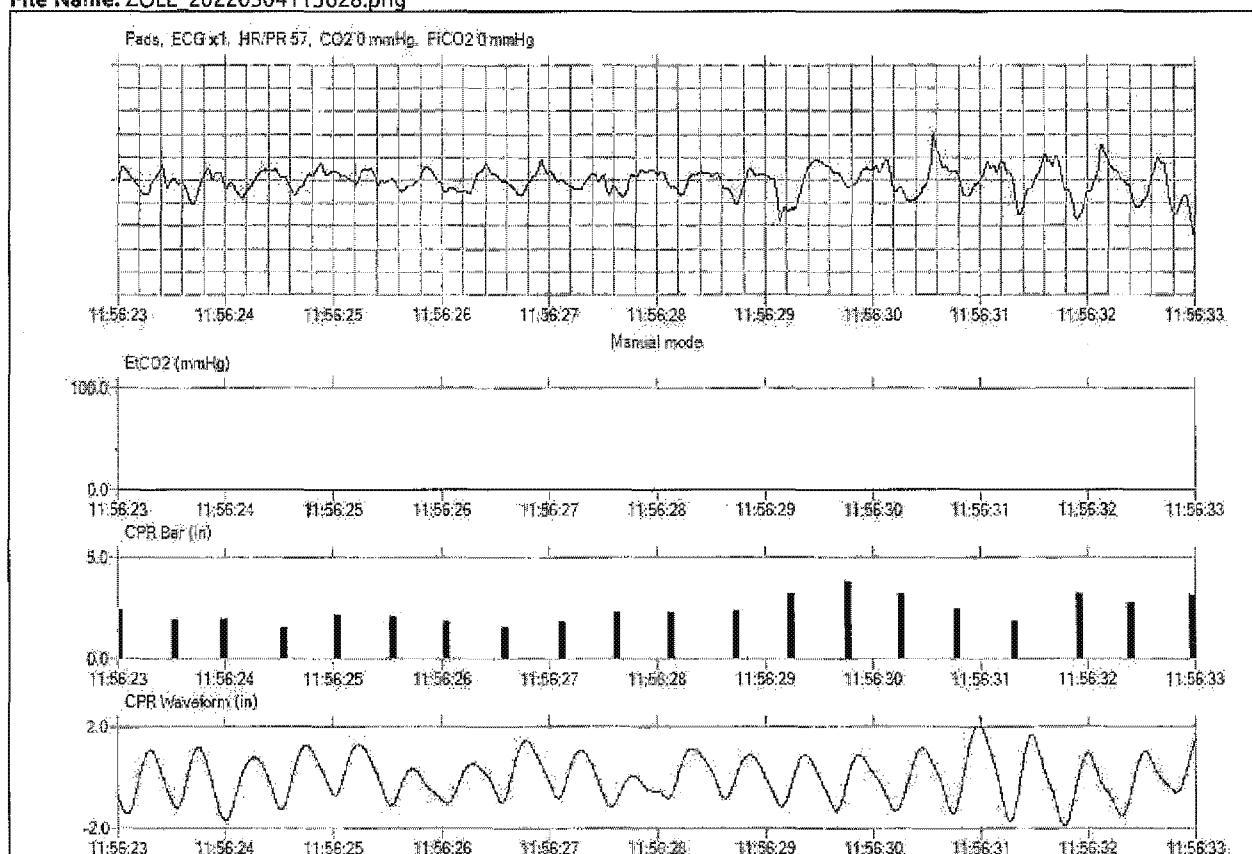
Patient Name: Unknown, Male
Unit Number: 598

Incident Number: LAC22148094
Patient Disposition: (ALS) Patient Treated, Transported

Sequence CF2205040488
Number:
Rec Facility: SFM Saint
Francis Medical
Center

Time: 05/04/2022 11:56:28

File Name: ZOLL_20220504115628.png



Date/Time: 05/04/2022
11:21:09

EMS Agency LACoFD
Name:

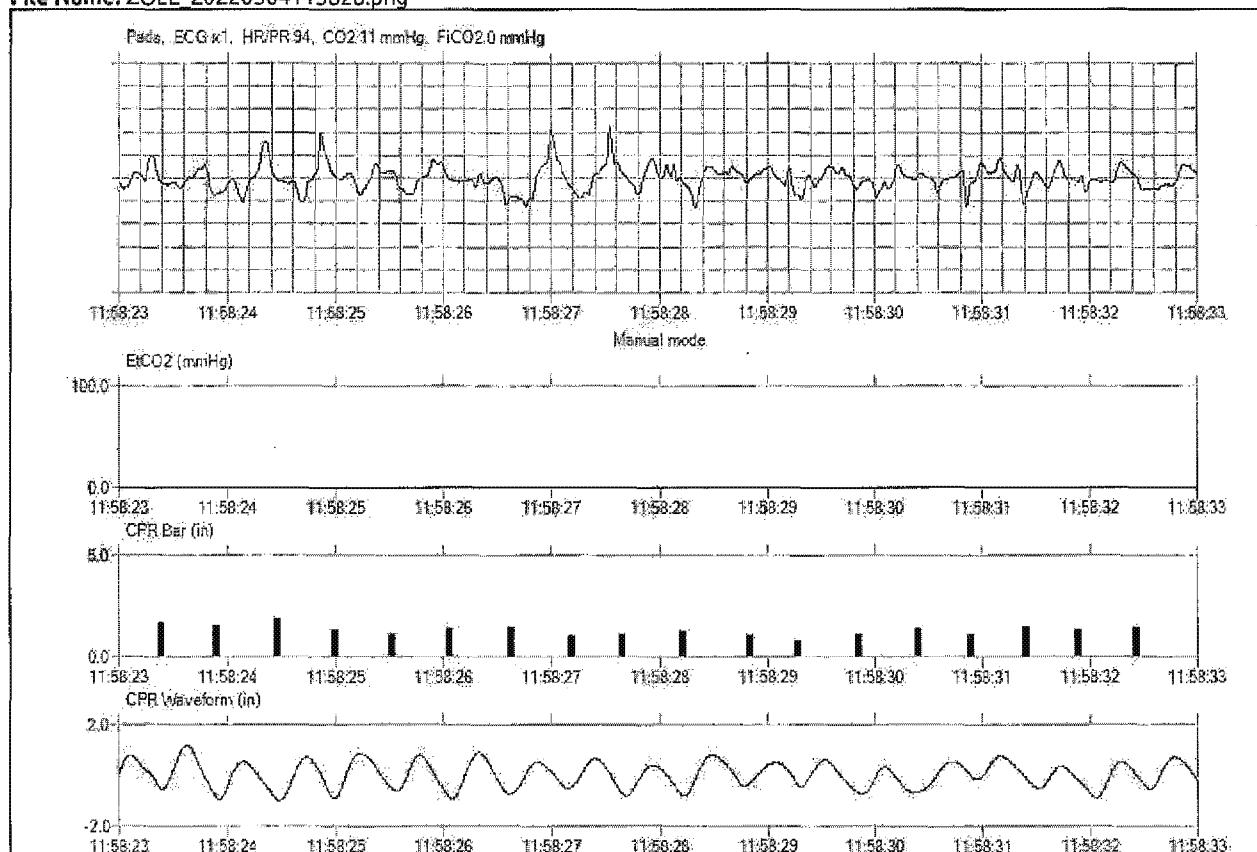
Patient Name: Unknown, Male
Unit Number: 598

Incident LAC22148094
Number:
Incident/Patient (ALS) Patient
Disposition: Treated,
Transported

Sequence CF2205040488
Number:
Rec Facility: SFM Saint
Francis Medical
Center

Time: 05/04/2022 11:58:28

File Name: ZOLL 20220504115828.png



Date/Time: 05/04/2022 11:21:09 **Patient Name:** Unknown, Male **Incident Number:** LAC22148094 **Sequence Number:** CF2205040488
EMS Agency Name: LACoFD **Unit Number:** S98 **Incident/Patient Disposition:** (ALS) Patient Treated, Transported **Rec Facility:** SFM Saint Francis Medical Center

Time: 05/04/2022 12:00:58

File Name: ZOLL_20220504120058.png



Arrest Details

Advance Directives: N - No	Cardiac Arrest: Yes, Prior to EMS Arrival	Cardiac Arrest Etiology: Trauma - TR	Arrest Witnessed By: Witnessed by Law Enforcement
		EMS CPR Time: 05/04/2022 11:30:49	
		Type of CPR Provided: Compression ns- Continuous; Ventilation-Bag Valve Mask	
First Monitored Arrest Rhythm of the Patient: Reason CPR/Resuscitation Discontinued:	Any Return of Spontaneous Circulation:	AED Use Prior to EMS Arrival: No	CPR Care No Provided Prior to EMS Arrival:

Date/Time: 05/04/2022 11:21:09 Patient Name: Unknown, Male Incident LAC22148094 Sequence CF2205040488
 EMS Agency LACoFD Name: Unit Number: S98 Incident/Patient (ALS) Patient Disposition: Treated, Transported Rec Facility: SFM Saint Francis Medical Center

Physical**Exams**

Date/Time of Assessment	Airway	Lung Exam	Breath	Summary	Level of Consciousness	Skin	Head	Eye	Chest/Lungs			Back /Spine
									Ches	Assessme	Abdomen	
11:46:29	Airway - y - Paten t	A - Apne		Unrespon sive (U)	F - Flush ed	Punc eral: I-Pinpoint	Punc ture	Punct ure				Upper Leg - Leg-Upper-Right: Puncture; Gunshot wound with tourniquet placed over

Special Circumstances

Suspected Abuse/Neglect?:

Suspected ETOH?:

Suspected Drugs?: N/A or Not Recorded

Recreational Substance History**Vitals**

Date/Time Vital Signs Taken	Vitals Crew Members ID	Blood Pressure	Vitals				Pain Scale Score	ETCO2
			Heart Rate/ Pulse	Respiratory Rate	O2			
11:38:00	SCHAEPER, PATRICK (P41470)	/	117	6	0		11	
11:40:53	SCHAEPER, PATRICK (P41470)	Not Applicable	Not Applicable	Not Applicable	Not Applicable		0	
11:44:08	SCHAEPER, PATRICK (P41470)	/				Not Applicable	0	
11:48:00	SCHAEPER, PATRICK (P41470)	/	26					
11:52:58	SCHAEPER, PATRICK (P41470)	/	118				0	
11:54:58	SCHAEPER, PATRICK (P41470)	/	99				7	
11:56:28	SCHAEPER, PATRICK (P41470)	/	57				0	
11:58:28	SCHAEPER, PATRICK (P41470)	/	94	5			11	
12:00:58	SCHAEPER, PATRICK (P41470)	/					0	

Airway Confirmations**Transfer of Care**Care Transferred F- Facility
To:

Facility Name: SFM Saint Francis Medical Center

Facility Code: 20446

Date/Time: 05/04/2022 11:21:09	Patient Name: Unknown, Male	Incident Number: LAC22148094	Sequence Number: CF2205040488
EMS Agency Name: LACoFD	Unit Number: 598	Incident/Patient Disposition: (ALS) Patient Treated, Transported	Rec Facility: SFM Saint Francis Medical Center
		# Patients Transported: 1	Code 3: Code 3
			Transport Mode:

Transfer of Care Airway

Narrative

Paramedic Narrative: Aos to find pt laying supine on freeway in severe distress
 CC of cardiac arrest resulting from penetrating trauma
 Upon our arrival, pt aox0, 1/1/1 gcs
 Em's was initially called to scene for pt running onto freeway as part of an apparent suicide attempt
 Lunging in front of traffic
 CHP arrived at patient before our arrival at scene and engaged with patient
 By the time we arrived at pt, he had suffered multiple gunshot wounds and was pulseless with only agonal breathing
 After two agonal breaths, pt became pulseless and apneic
 Pt chest exposed, placed on pads and rhythm assessed
 Pt found to be in PEA at approx 30 bpm
 Compressions begun immediately, with opa placement and bvm therapy initiated at the same time
 Once more resources arrived on scene, medics were able to move from BLS to ALS interventions
 Head to toe assessment completed
 CHP stating they fired a grazing shot at pts head, laceration noted to occipital
 GSW noted to upper right chest
 CHP also stating pt has GSW to right thigh, though wound never visualized by ems
 Tourniquet placed by CHP, who state that wound is directly beneath tourniquet so it was left in place
 Fourth gsw noted to left lower leg
 Two attempts at IO insertion in right proximal tibia, but IO needle broke on both attempts
 Third attempt at insertion at left proximal tibia, this time successful
 Fluid resuscitation begun
 Chest seal placed over gsw to upper right chest
 LS absent with BVM
 Needle thoracostomy performed on affected side, mid axillary
 Significant blood return from catheter after insertion
 Rhythm and pulse checks continued to be performed during this time, no shockable rhythm ever noted
 Ambulance arrival time at scene delayed due to access issues and freeway traffic, hence transport delay
 Immediately upon ambulance arrival on scene, pt loaded and transport initiated to sfm
 Pt monitored en route to sfm where transfer of care was performed with ER staff
 All times approximate

Signatures

Type of Person Signing: EMS Primary Care Provider (For this event)

Signature Reason: EMS Provider

Date/Time of Signature: 05/04/2022 11:24:10

Signature Graphic:



Name: SCHAEPER, PATRICK

Controlled Substances

Controlled Substances

Date/Time: 05/04/2022
11:21:09
EMS Agency Name: LACoFD
Patient Name: Unknown, Male
Unit Number: S98
Incident/Disposition: LAC22148094
Number:
(ALS) Patient
Treated,
Transported
Sequence Number: CF2205040488
Rec Facility: SFM Saint
Francis Medical
Center

Intentionally left blank if none given.

Attachments

File Name: 20220504113554_AR15C012729
Modified By: ADAM DIGBY
Modified On: 05/04/2022 16:14:22

Benchmark	Your Patient Has Expired	CHECK OFF	Time Task Completed Initial Entry
10-25 Min. After your patient is pronounced	<p>Your Patient Expires</p> <ul style="list-style-type: none"> • Curtains are drawn for patient privacy • Family is notified of the death if they are not present • Patient is carefully arranged in bed for viewing. • If no family is coming, patient goes to the morgue. <p>If family is present at time of death, call for a chaplain from Spiritual Care Services Ericsson 7660 Office 8515</p>	✓	MN 1209
<u>Mandatory CALLS</u> <u>WITHIN 1 HOUR OF THE DEATH</u>	<ol style="list-style-type: none"> 4. Report the Death to the Decedent Affairs Desk Ext 8622 5. FAX a copy of the "Record of Death" form to (310) 900-8880 6. Notify/Page the Administrative House Supervisor 4. Call Onelegacy- Organ Donor Representatives 1-800-338-6112 	✓	MN 1222
<u>WITHIN 2 HOURS OF THE DEATH</u>	<ul style="list-style-type: none"> • MD and Consultants are Notified • "Is your Patient a Coroner Case?" *Check Green Sheet* • Give family "Comfort in Your Time of Loss" Booklet • Patient is cleaned and enshrouded 	✓	MN 1245
<u>WITHIN 3-4 HOURS OF THE DEATH</u>	<ul style="list-style-type: none"> • Belongings/Valuables gathered and tagged • Inventory form is completed for any personal property • Money, cell phones, items of value goes to the hospital safe In Admitting – Not to the Morgue. • Transport is called to the unit for discharge to the morgue • Transporter with RN at bedside confirms ID is on wrist, toe, and shroud; <u>all 3 match</u>. • At the 3-Hour mark the patient must go to the morgue to preserve them for their funeral. • At the 4-Hour mark the patient's medical chart must go to Decedent Affairs/Nursing Administration to prepare their release to mortuary or coroners. 	✓	MN 1250

This checklist was completed by:

Staff Signature



Date/Time 05/04/2022 12:53

Print Name

Moses Nzeogwu

Addressograph

 St. Francis Medical CenterExpired Patient Check-off List
Revision 04/2018

LA ST FRANCIS MEDICAL CENTER		TRAUMA 02
Trauma, Southsudan One		
Att Dr: Randy E Woo, MD		
05/04/74 U 148 Y.O.		112266444
7700065126606 Emergency		05/04/22
		

St. Francis Medical Center

3630 East Imperial Highway, Lynwood, CA 90262
310-900-8900

ADMISSION/REGISTRATION

Patient Trauma/ South Sudan One Preferred Name	Medical Record # 112266444	CSN# 7700065126606	Hospital Acct # 706000149224	Fin Class/Reimb Type GOVT/		
Admit/Serv Dt Time 5/4/2022 1159	IP Admit Dt/Time N/A N/A	ED Arr Dt Time 5/4/22 1159	Disch Dt Time 5/4/2022 1834	Room/Bed TRAUMA 02	Location SFMC ER	Service Emergency Medicine
Pt Class Emergency	Arrival Mode ALS Ambulanc	Point of Origin Home	Priority Trauma Center	Primary Care None Pcp, MD	Office Phone None	
Chief Complaint TRAUMA	Admission Diagnosis			User MNZE0GU		
Emergency Physician Randy E Woo	Office Phone 310-900-4525	Attending Physician	Office Phone	Admitting Physician	Office Phone	
PATIENT SSN: xxx-xx-0001 DOB: 5/4/1874 Age: 148 y.o. Sex: U Race: Unknown Ethnicity: Unknown Address: UNKNOWN LYNWOOD, CA 90262 Home Phone: 999-999-9999 Cell Phone:				PATIENT EMPLOYER Employer: Address: Work Phone: Occupation: Alternative Address: Care of:		
GUARANTOR Name: TRAUMA, SOUTHSUDAN ONE Address: UNKNOWN LYNWOOD, CA 90262 Home Phone: 999-999-9999 Relationship to Patient: Self				GUARANTOR EMPLOYER Employer: Address: Work Phone: Occupation:		
EMERGENCY CONTACT 1 Relationship to Patient: Other Name: UNK, UNK Address: Home Ph: Work Ph: Cell Ph: 999-999-9999				EMERGENCY CONTACT 2 Relationship to Patient: Name: "No Contact Specified" Address: Home Ph: Work Ph: Mobile ph:		

Insurance # 1 Payor/Plan: TRAUMA /TRAUMA PATIENT Address: 10100 PIONEER BLVD #200 SANTA FE, CA 90670-8299		Subscriber: TRAUMA, SOUTHSUDAN O* Pat Rel to Subscriber: Self Group Name: Group Number: 0001 Subscriber ID: 000000	Authorization Auth:
Insurance # 2 Payor/Plan: DOB: Address:		Subscriber: Pat Rel to Subscriber: Group Name: Group Number: Subscriber ID:	Authorization Auth:
OTHER INFO Organ Donor: N Primary Isolation: No active isolations		Influenza Vaccine this Season? Pneumococcal Vaccine ever?	Accident Occurrence: ONSET OF SYMPTOMS/ILLNES* Date: 5/4/2022

CSN:

Printed: 5/4/22 8:19 PM



Date of Death: 05/04/2022 Time: 1208 Unit/Room T-2 Code Blue Armband DNR In Restraints Restraints w/in 24hrs

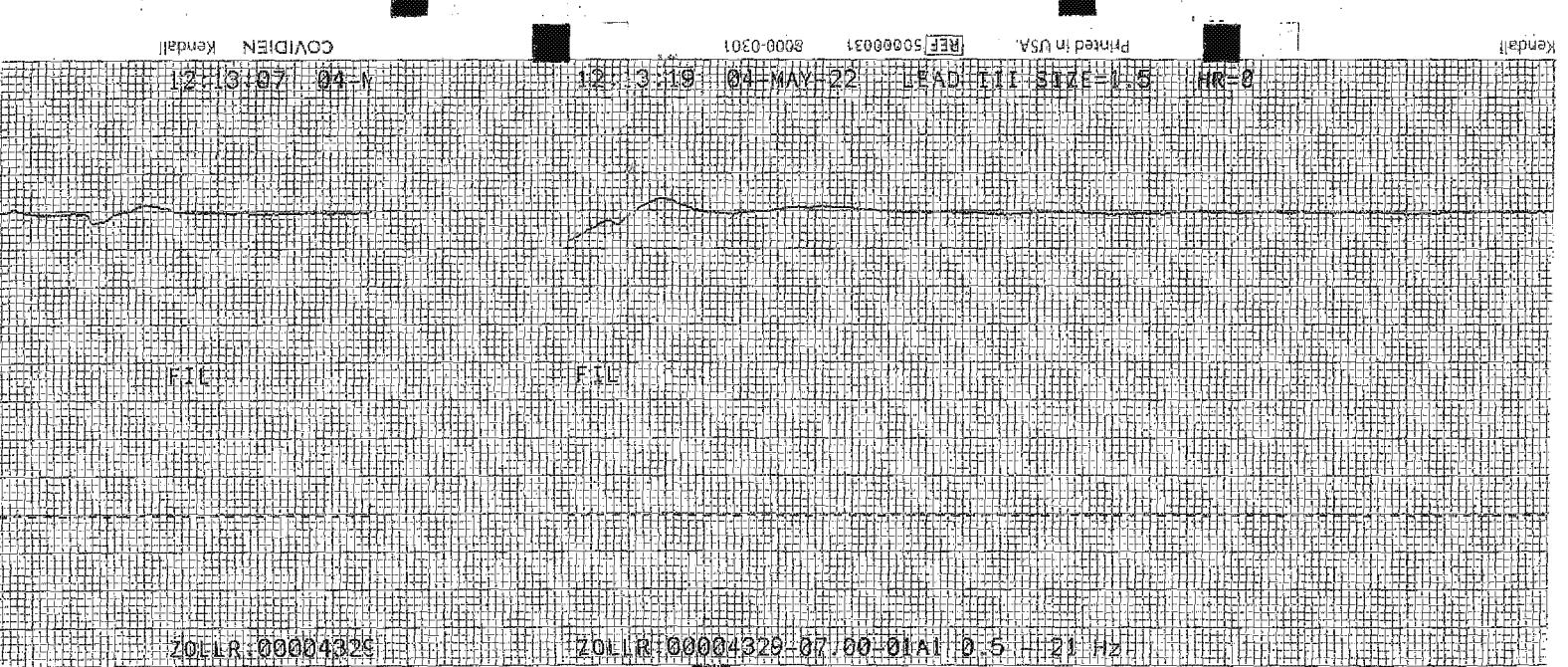
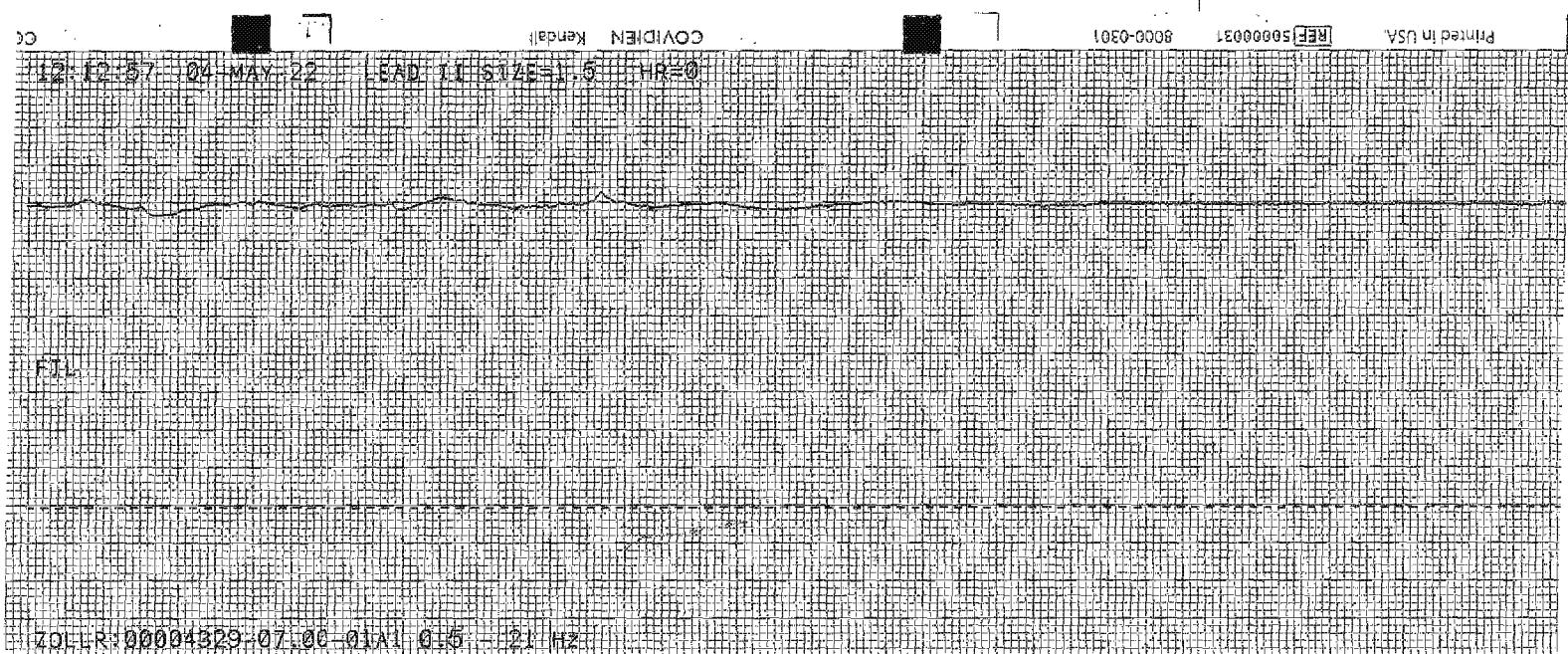
P	First Name: South Sudan One	Last Name: Trauma	Medical Record #: 112266444
A	Age: unk	Date of Birth: unk	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Fetal-Unknown <input type="checkbox"/>
T	Home Address: unk	Ethnicity: Hispanic	
I	City: unk	Home Phone#	
N	Primary MD: unk	Phone:	Notified? Yes <input type="checkbox"/> No <input type="checkbox"/> Autopsy? Yes <input type="checkbox"/> No <input type="checkbox"/>
T	Consult MD: unk	Phone:	Notified? Yes <input type="checkbox"/> No <input type="checkbox"/> Autopsy? Yes <input type="checkbox"/> No <input type="checkbox"/>
M	MD to Sign Death Certificate: unk	Phone:	Notified? Yes <input type="checkbox"/> No <input type="checkbox"/> Autopsy? Yes <input type="checkbox"/> No <input type="checkbox"/>
D	Date Patient Admitted: 5/4/2022	Time Admitted: 1159	
M	Patient Diagnosis: Cardiac Arrest, Cardiac Tamponade	FROM: ER <input type="checkbox"/> MD Office <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other: <input checked="" type="checkbox"/> street	
R	I notified organ donor contact at OneLegacy At hotline number: 1-800-338-6111 The number given to me was: R 2205-00746 Date: 05/04/22 Time: 1236	My Signature: Moses Nzeogu  Print Name: Position: RN	
O	Significant Other to this Patient - Family, Friends, or Legal Guardian		
D	Name: <input type="text"/>	Relation: <input type="text"/>	Phone: <input type="text"/>
R	Name: <input type="text"/>	Relation: <input type="text"/>	Phone: <input type="text"/>
G	Notification of Family/Friend - Notified By (Staff Name and Position): <input type="text"/>		Date: <input type="text"/> Time: <input type="text"/>
N	Does the Patient Family Request An Autopsy? <input type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> UNKNOWN AT THIS TIME		
A	If Yes, MD must write an order in Progress Notes and family must sign an Autopsy Consent Form. The entire 3 part Autopsy Consent and Record of Patient Death must be delivered with the chart to Nursing Administration within 2 hours of Patient's demise. Only patients with MDs who have privileges at SFMC will be autopsied. Payment may be required.		
M	Patients who expire within 24 hours of admission, post-surgery, 24 hours after an ER Admit, victims of accidents (cars, falls, or violent crime) may be a considered a Coroner Case. If no physician will sign the patient Death Certificate the patient is to be considered a Coroner investigation. Case # is: 2022-0484 Deputy Name: <input type="text"/>		
A	Process in this manner: Complete a Form 18 and sign it. Call the Coroner at 1-323-343-0711 to report the death. Write the Coroner case number on form. Have the entire chart for this admission copied by Medical Records ASAP. Fax Record of Death and facesheet to (310)900-8880. The patient chart copy, the original Form 18, and the Patient Death Form are to be brought to Decedent Affairs ASAP.		
R	Plans Being Made for Patient's Mortuary Services - Please Check an Area Patient's Family/Legal Representative has already made arrangements with a mortuary, they are as follows: Name of Mortuary: <input type="text"/> Phone Number: <input type="text"/> Address: <input type="text"/> Relation: <input type="text"/> Signature of Family Member: <input type="text"/>		
R	<input type="checkbox"/> No arrangements have been made. Family will call Decedent Affairs (310) 900-8622 with their information.		
Released Date: Mortuary Rep: <input type="text"/> Time: SFMC Witness: <input type="text"/>		Mortuary: <input type="text"/> Mortuary: <input type="text"/> Address: <input type="text"/> Phone # <input type="text"/>	

St. Francis Medical Center

Record of Patient Death

LA ST FRANCIS MEDICAL CENTER
 Trauma, South Sudan One TRAUMA 02
 Att Dr: Randy E Woo, MD
 05/04/74 U 148 y.o. 112266444
 7700065126606 Emergency 05/04/22

At Release of Patient: White Copy-Med Records, Yellow-N Admin



St. Francis Medical Center



PATIENT IDENTIFICATION
LA ST FRANCIS MEDICAL CENTER

Trauma, South Sudan One
Att Dr: No att. providers found
05/04/74 U 148 y.o. 112266444
7700065126606 Emergency

MONITOR STRIPS RECORD

SUSPICIOUS CIRCUIT JURY REPORT

STATE OF CALIFORNIA
California Office of Emergency Services

Cal OES 2-920

Penal Code Section 11160 requires that if any health practitioner, within ten (10) working days of receiving information concerning a patient, make a telephone report immediately or as soon as possible. They shall make a written report within ten (10) working days of receiving the information to a local law enforcement agency.

LA ST FRANCIS MEDICAL CENTER
Trauma, Southsudan One
Att Dr: No att. providers found
05/04/74 U 148 y.o. 11226644
7700065126606 Emergency


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n, shall
within 2
120) for

This form is used by law enforcement only and is confidential in accordance with Section 11163.2 of the Penal Code. In no case shall the person identified as a suspect be allowed access to the injured person's whereabouts.

Part A: PATIENT WITH SUSPICIOUS INJURY			
1. Name of Patient (Last, First, Middle)	2. Birth Date	3. Gender	4. SAFE Telephone Number ()
5. Patient Address (Number and Street / Apt – No P.O. Box)	City	State	Zip
6. Patient Speaks English <input type="checkbox"/> Yes <input type="checkbox"/> No If No, identify language spoken: <u>UNK</u>	7. Date and Time of Injury Date: <u>5/4/22</u> Time: <input type="checkbox"/> am <input type="checkbox"/> pm <input type="checkbox"/> unknown		
8. Location / Address Where Injury Occurred, If Available. Check here if unknown: <input type="checkbox"/>	<u>1051 Garfield</u>		
9. Patient description of the Incident. Include any identifying information about the person the patient alleges caused the injury and the names of any persons who may know about the incident. <u>35yo attempted SI hit by 1 car</u> <u>4 GSW, rt chest/thigh</u> <u>by 1p LF</u>			<input type="checkbox"/> Additional Pages Attached
10. Name of Suspect, if Identified by the Patient	11. Relationship to Patient.	<input checked="" type="checkbox"/> No Relationship	
12. Suspicious Injury Description. Include a brief description of physical findings, lab tests completed or pending, and other pertinent information. <u>Dr. Strumwasser, Trauma MD</u> <u>Dr. WOO, Dr. Emergency dpt.</u> <u>Moses, RN</u> <u>TOP 12:08</u>			

Part B: REQUIRED – AGENCIES RECEIVING PHONE AND WRITTEN REPORTS

13. Law Enforcement Agency Notified By Phone (Mandated by PC 11160)	14. Date and Time Reported Date: <u>5/4/22</u> Time: <u>12:01</u> am <u>pm</u>
---	---

15. Name of Person Receiving Phone Report (First and Last)	16. Title CHP Raffillo	17. Phone Number (323) 980-4600
--	----------------------------------	---

Part C: PERSON FILING REPORT

20. Name of Health Practitioner (First and Last) VERONICA ACOSTA	Title LSW	Telephone 310 900 7856	
21. Employer's Name ST FRANCIS MEDICAL CENTER	Phone Number 310 900 4525		
22. Employer's Address (Number and Street) 3630 E Imperial	City HLYW	State UNIVERSITY	Zip 90262
23. HEALTH PRACTITIONER'S SIGNATURE: 	26. Date Signed: 5/4/2022		

TIME OF ACTIVATION: 1144 TIME OF ARRIVAL: 1159 DATE: 5/4/22
MODE OF ARRIVAL: PRIVATE VEHICLE AMBULANCE WALK-IN AIR
SEQUENCE # 2205040488 R/SQUAD # 98 CITY OF INJURY/
ZIP CODE: _____

TRAUMA TEAM			
<input checked="" type="checkbox"/> TIER I	<input type="checkbox"/> TIER II	<input type="checkbox"/> TIER III	<input type="checkbox"/> OB
<input type="checkbox"/> CONSULT	<input type="checkbox"/> NOT NOTIFIED	<input type="checkbox"/> UPGRADE TIER I-II	
Responders Arrived	NOTIFIED	ARRIVED	
ANESTHESIOLOGIST	<u>1144</u>	<u>1150</u>	MD NAME <u>Matthew</u>
EMERGENCY MEDICINE	<u>1144</u>	<u>1154</u>	MD NAME <u>WDD</u>
TRAUMA SURGEON	<u>1144</u>	<u>1153</u>	MD NAME <u>Jimmy Wesser</u>
TRAUMA NURSE CLINICIAN	<u>1144</u>	<u>1149</u>	NAME <u>Matt/Senifer</u>
OR NURSE	<u>UMABLOS</u>	<u>1144</u>	NAME <u>MT</u>
CCRN			NAME
L&D NURSE			NAME
OTHER: <u>MAP</u>	<u>1144</u>	<u>1151</u>	NAME <u>Fabio</u>

MECHANISM OF INJURY			
<input checked="" type="checkbox"/> Auto:	<input type="checkbox"/> Driver	<input type="checkbox"/> Passenger	<input checked="" type="checkbox"/> Pedestrian <input type="checkbox"/> Bicyclist
<input type="checkbox"/> Ejection	<input type="checkbox"/> Extrication	<input type="checkbox"/> PSI	_____
<input type="checkbox"/> Seat Belt:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Air Bag <input type="checkbox"/> DPSI
<input type="checkbox"/> MC: Speed (mph)	<input type="checkbox"/> Bicycle: Speed (mph)	_____	
<input type="checkbox"/> Helmet:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> Full
<input type="checkbox"/> Stab	<input checked="" type="checkbox"/> GSW <u>X3</u>	<input type="checkbox"/> Assault	_____
<input type="checkbox"/> Crush	<input type="checkbox"/> Burn	<input type="checkbox"/> Fall	<input type="checkbox"/> Impalement
<input type="checkbox"/> Found Down	<input type="checkbox"/> Industrial Accident	_____	
<input type="checkbox"/> Suspected Abuse:	<input type="checkbox"/> Child	<input type="checkbox"/> Elder	<input type="checkbox"/> IPV
<input type="checkbox"/> Other	<u>Suicidal</u>		

PRE-HOSPITAL INFORMATION			
<input checked="" type="checkbox"/> Bag Valve Mask	<input type="checkbox"/> Backboard	<input type="checkbox"/> Estimated Blood Loss (EBL)	
<input type="checkbox"/> C-Collar	<input type="checkbox"/> Blood Glucose	<u>10 Cleft fibia</u>	
<input type="checkbox"/> Combitube	<input checked="" type="checkbox"/> Needle Thoracostomy: <u>R/L/B</u>	<input type="checkbox"/> Meds:	
<input checked="" type="checkbox"/> CPR	<input type="checkbox"/> Splint	<u>Unknown</u>	
<input type="checkbox"/> Intubation <u>FR</u> <u>CM</u>	<input type="checkbox"/> Tourniquet: Time	<input type="checkbox"/> Vitals <u>00</u>	
<input type="checkbox"/> Oxygen <u>l/min via</u>	<input type="checkbox"/> Traction		

PATIENT INFORMATION			
Age <u>33</u>	Sex <u>Male</u>	Height <u>58"</u>	Weight <u>250</u> lb/kg estimated/stated
Ethnicity <u>Hispanic</u>	Tetanus Status <u>unknown</u>	ALLERGIES: <u>unknown</u>	Breslow Tape Color _____
PREVIOUS MEDICAL HISTORY: <input type="checkbox"/> DM <input type="checkbox"/> HTN <input type="checkbox"/> CHF <input type="checkbox"/> ESRD <input type="checkbox"/> CVA	<input type="checkbox"/> OTHER	<u>unknown</u>	
MEDICATIONS: <u>unknown</u>			

PSYCHOSOCIAL			
<input type="checkbox"/> Family Notified Contact: _____	Number: _____		
<input type="checkbox"/> SBIRT+/- Screening Tool _____	Referred Y/N _____	<input type="checkbox"/> Abuse/violence screening +/- Reported _____	
<input type="checkbox"/> Social Worker <input type="checkbox"/> Police _____	<input type="checkbox"/> Report# _____	<input type="checkbox"/> DCFS <input type="checkbox"/> SART <input type="checkbox"/> DAPS <input type="checkbox"/> Other _____	
Nurse Name <u>MOSES NZEONGU</u>		Signature/Title <u>MM RN</u>	Initials <u>MM</u>

St. Francis Medical Center

TRAUMA FLOW SHEET

PAGE 1 of 4

F080 (04/22)

ST. FRANCIS MEDICAL CENTER
Trauma, South Sudan One
Alt Dr: No att. providers found
05/04/74 U 148 y.o.
7700065126606 Emergency

112266444



ST. FRANCIS MEDICAL CENTER

PROCEDURES	Time	Size	By	Comments/Results
Intubation	1200		Sufrave	<input checked="" type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Color CHG +/-
Cricothyroidotomy				
Chest Tube R / L / B	1202		WDD	
Thoracotomy R / L / B	1200		Strumweser	
#1 IV/Saline Lock	1208	18	Jenifer	Site: D/C D/C Time:
#2 IV/Saline Lock	1207	20	Matt	Site: D/C D/C Time:
MTP Initiated				D/C Time:
Central Line				Site: D/C Time:
Intraosseous	PFA		Medius	Site: D/C D/C Time:
Warming Measures			<input type="checkbox"/> Blankets <input type="checkbox"/> Bair Hugger <input type="checkbox"/> Rapid Infuser	
FAST/E-FAST/Limited FAST				<input type="checkbox"/> Positive <input type="checkbox"/> Negative
Gastric Tube				<input type="checkbox"/> Oral <input type="checkbox"/> Nasal
Foley Catheter				Blood <input type="checkbox"/> Positive <input type="checkbox"/> Negative
Splints				Site: D/C Time:
Other				Site: D/C Time:
Pelvic binder				Site: D/C Time:
Tourniquet				Site: D/C Time:
Laceration repair				Site:
Traction				Site: D/C Time:
Ventilator	Vt	FiO2	Rate	Mode

SERIAL HEMOCUE		
LABS		TIME
TRAUMA PANEL I, II, III		
<input type="checkbox"/> TEG	<input type="checkbox"/> Troponin	<input type="checkbox"/> ABG
<input type="checkbox"/> KB	<input type="checkbox"/> LACTATE	
<input type="checkbox"/> Serum / Urine Preg.		
RADIOLOGY TIME		
CXR		
PELVIS X-RAY		
EXTREMITY		
CT: HEAD / FACE		
CT C-SPINE		
CT CHEST		
CT ABD/PELVIS		
CTA/ANGIogram/EMBOLIZATION		
OTHER		
OTHER		

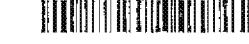
 St. Francis Medical Center

TRAUMA FLOW SHEET
PAGE 3 of 4

15001 BONNIE MELROSE AVENUE

Trauma, Southsudan One
Att Dr: No att. providers found
05/04/74 U 148 y.o.
7700065126606 Emergency

112266444



St. Francis Medical Center

Patient MRN:

Add #:

Patient Name:

Unit: W201129359M-1
Component: BML NBL530 East Imperial Highway
Lynwood, California 90262
Telephone: 310 900 8610

Sex: _____ Birthdate: _____

Location: _____

Ordering Physician:

ABO/RH: O Neg Expiration Date: 5/19/22

ABO/RH:

Antibody Screen:

Request #: _____

KDU # _____

Major Crossmatch is: ~~NOT APPROVED~~

Patient Antibodies:

Remarks:

Patient Instructions:

Tech: JF 5/19/22

REVIEWER TURN RECORDS: Inspect for appearance color, clots, hemolysis and intact entry ports

NAME	ISSUED BY	INSTITUTION	RECEIVED BY	DATE	TIME	REMOVED BY	DATE	TIME	REVIEWER
1	VS	OK		5/4	11:15				
2									
3									

TRANSFUSION ADMINISTRATION RECORDS

YES NO If no, please explain

1. M.D. order on chart
2. Legal Consent Obtained
3. Patient name and DOB confirmed verbally by patient or nurse

I confirm that immediately before starting the transfusion two (2) licensed personnel have individually checked the patient name and ID number on the wrist band and that it matches exactly the name and ID number on the transfusion administration form and compatibility tag on the blood product.

Signature: JC

If applicable

Removed from Container:

Date: _____ Time: _____

Signature: JC

Started by:

Ended by:

Date: _____ Time: _____

Date: _____ Time: _____

Vital Signs	Temp	Pulse	Resp	BP	Date	Time	Initiator
Pre-transfusion							
15 Minutes after Start							
Post-Transfusion							

Patient constantly monitored for 1st 15 minutes [] YES [] NO Comments:

Reaction: [] NO [] YES Time of onset: _____ TRANSFUSION REACTION suspected, please complete information below:

SIGNS AND SYMPTOMS		ACTIONS	
1. [] Respiratory Distress/S.O.B./cyanosis		1. Slow Transfusion. Notify Physician	
2. [] Rash/itching		2. Slow Transfusion. Notify Physician (who may elect to give antihistamines)	
3. [] Fever: Highest	[] Shaking Chills	3. STOP TRANSFUSION. Maintain I.V., T.K.O. with saline	
[] Chest or Back Pain	[] Nausea	IMMEDIATELY	
[] B.P. change	[] Hematemesis		
[] Other - Explain		Notify Physician. Notify Blood Bank.	
		Send blood bag, tubing, completed form and post-transfusion urine sample to the laboratory.	

Signature:

R.H.

TRANSFUSION

LABORATORY DIRECTORS

Trauma, Southsudan One (MRN 112266444) DOB: 05/04/1874

Encounter Date: 05/04/2022

Trauma, Southsudan One

MRN: 112266444

ED 5/4/2022 (6 hours)

Last attending: Randy E Woo, MD • with Treatment team

Status: Discharged

Primary impression: Cardiac arrest

SFMC Emergency Room

Chief complaint: Trauma

ED Provider Notes

Lorraine Rowe, ER Scribe • Emergency Medicine

Unsigned

Procedure Orders

1. Chest Tube [278235162] ordered by Randy E Woo, MD

St. Francis Medical Center

3630 EAST IMPERIAL HIGHWAY
LYNWOOD CA 90262
310-900-8900

Emergency Department Provider Note

Date of Service: 5/4/22

Provider: Randy Woo, MD

Southsudan One Trauma

MRN: 112266444 Acct# 706000149224

HISTORY OF PRESENT ILLNESS

CC: *Trauma***HPI:**

Southsudan One Trauma is a 148 y.o. adult brought in by ambulance from running around on 105 freeway for traumatic full arrest, s/p being shot by CHP 3 times with GSWs to right chest, right thigh and right shin. Per EMS, pt was believed to have SI and was on the freeway attempting to be hit by cars. Unknown if pt was hit by a car. Per Ems, pt was GCS 3 on scene and on the monitor he never had a shockable rhythm and was asystole en route. Compressions started on scene and fluids administered en route.

History: unknown

PCP is No PCP, MD None

History is provided by: EMS

History is limited by: Unable to complete full history due to: Cardiac Arrest

REVIEW OF SYSTEMS

Trauma, Southsudan One (MRN 112266444) DOB: 05/04/1874

Encounter Date: 05/04/2022

Review of Systems

Unable to complete full ROS due to: Cardiac Arrest

PAST MEDICAL HISTORY**History:**

No past medical history on file.

No past surgical history on file.

Social History

Tobacco Use

- Smoking status: Not on file
- Smokeless tobacco: Not on file

Substance Use Topics

- Alcohol use: Not on file
- Drug use: Not on file

No family history on file.

Previous Medications

No medications on file

Allergies: Southsudan One Trauma has no allergies on file.

PMH, PSH, SH reviewed. Agree or addended above.

PHYSICAL EXAMINATION**Triage Vitals**

Temp	
BP	
Pulse	
Resp	
SpO2	
Weight / BMI: There is no height or weight on file to calculate BMI.	

PHYSICAL EXAM:**CONSTITUTIONAL:** Patient is lying on gurney and is unresponsive, GCS 3.**HEAD:** Head is atraumatic**EYES:** Pupils are fixed and nonreactive**ENT:** Oropharynx is clear and patent**NECK:** Supple. No masses**RESPIRATORY CHEST:** Apneic, GSW to right chest**CARDIOVASCULAR:** No heart sounds heard. No palpable carotid or femoral pulses**ABDOMEN:** Soft, non-distended. No masses**EXTREMITY:** no edema, no deformity, GSWs to right thigh and shin.**NEURO:** Unresponsive to external stimuli**SKIN:** Pale. No jaundice. No diaphoresis. Prolonged capillary refill**Results**

Trauma, Southsudan One (MRN 112266444) DOB: 05/04/1874

Encounter Date: 05/04/2022

Lab results:

Labs Reviewed
CBC W/ AUTO DIFF
BASIC METABOLIC PANEL
APTT
PROTIME-INR
TROPONIN I
URINALYSIS, W/ REFLEX TO MICRO AND CULT,
IF INDICATED
ETHANOL
URINE DRUG SCREEN
TYPE AND SCREEN

ED Labs reviewed independently by me.

Radiology Results:

Imaging Results
None

ED COURSE/MEDICAL DECISION MAKING

Orders Placed This Encounter

Procedures

- CHEST TUBE INSERTION
- CBC W/ AUTO DIFF
- BASIC METABOLIC PANEL
- APTT
- Protime-INR
- Troponin I
- Urinalysis
- Ethanol
- Drugs of Abuse Screen Urine
- Pulse Oximetry
- Cardiac Monitoring
- ED 411 Tech Communication
- Type and screen

Medications - No data to display

Current Vitals:

There were no vitals taken for this visit.

MDM/ED Course:

148 y.o. adult 33 yo male with hx of psych with presumed SI and hit by a car and allegedly shot. Pt was brought in full cardiac arrest ,Trauma doctor Strumwasser did full thoracotomy, I did right sided chest tube, there was no ROSC. Pt was found to have cardiac tamponade, cardiac injury and ascending aorta injury. Pt had devastating injuries and a lot of blood in his thorax. Pt was pronounced at 1208.

Trauma, Southsudan One (MRN 112266444) DOB: 05/04/1874

Encounter Date: 05/04/2022

ED Course as of 05/04/22 1255

Wed May 04, 2022

1159 Pt arrived [LR]
1200 Opening chest [LR]
1201 Intubated [LR]
1202 Chest tube placed in right [LR]
1208 Time of death [LR]

ED Course User Index

[LR] Lorraine Rowe, ER Scribe

Chest Tube

Date/Time: **5/4/2022 12:47 PM**

Performed by: **Randy E Woo, MD**

Authorized by: **Randy E Woo, MD**

Consent:

Consent obtained: **Emergency situation**

Consent given by: **Healthcare agent**

Pre-procedure details:

Skin preparation: **ChloraPrep**

Anesthesia (see MAR for exact dosages):

Anesthesia method: **None**

Procedure details:

Placement location: **R lateral**

Scalpel size: **11**

Tube size (Fr): **36**

Dissection instrument: **Finger**

Ultrasound guidance: **no**

Tension pneumothorax: **no (hemo pneumothorax)**

Drainage characteristics: **Bloody (300 cc blood drained)**

Post-procedure details:

Post-insertion x-ray findings: **tube repositioned**

Patient tolerance of procedure: **Tolerated well, no immediate complications**

Clinical Impression

Final diagnoses:

None

ED Disposition

Expired

{Reminder to Refresh: DO NOT REMOVE UNTIL REFRESHED BY PROVIDER}

New Prescriptions

No medications on file

No follow-up provider specified.

Trauma, Southsudan One (MRN 112266444) DOB: 05/04/1874

Encounter Date: 05/04/2022

Attestations**Scribe Attestation:**

5/4/2022 12:50 PM By signing my name below, I LORRAINE ROWE (scribe), attest that this documentation has been prepared in the presence and under the direction of Randy Woo, MD
 Electronically signed: LORRAINE ROWE, Scribe

Provider Attestation:

Some documentation on this chart may have been completed by the scribe at my direction. All such documentation was personally reviewed by me. Additions and corrections were made by me as appropriate. I acknowledge the chart to be accurate at this time. (The time of chart signature and attestation may not reflect the time and date of patient care.)

Other Notes

All notes

**ED Notes**

Moses Nzeogu, RN Emergency Medicine •
 5/4/2022

Prashanth Sutrave, MD Anesthesiology •
 5/4/2022

Moses Nzeogu, RN Emergency Medicine •
 5/4/2022

**Procedures**

Procedure note 5/4/2022

Additional Orders and Documentation**Results****Meds****Orders**

Procedures

**Flowsheets**

Encounter Info: History, Allergies, Detailed Report

Clinical Impressions

Primary: Cardiac arrest I46.9

Cardiac tamponade I31.4

Disposition

Expired
 Date: 5/4/2022

Patient: Southsudan One Trauma

Admitted: 5/4/2022 11:59 AM

Attending Provider: Randy E Woo, MD

Southsudan One Trauma was pronounced dead at 12:08 by Dr. A Strumwasser MD.

Trauma, Southsudan One (MRN 112266444) DOB: 05/04/1874

Encounter Date: 05/04/2022

Medication Changes

As of 5/4/2022 6:37 PM

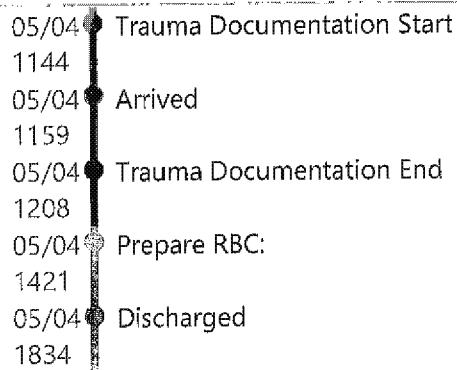
None

Medication List at End of Visit

As of 5/4/2022 6:37 PM

None

Care Timeline



05/04 1144 Trauma Documentation Start

05/04 1159 Arrived

05/04 1208 Trauma Documentation End

05/04 1421 Prepare RBC:

05/04 1834 Discharged

BASE HOSPITAL FORM

Sequence # CS00307080 Pg2

Log 并

Date: 11/14/00	Provider Code: 98	Pl#:	Gender: M	<input checked="" type="checkbox"/> F	<input type="checkbox"/> M	Height:	Hospital Code: SPMH								
Time:	Unit: 98	Age: 33	Yrs: 33	Mos: 0	Days: 0	Weight: 180	Phone: 9-1-1 Call								
Location: Emergency		Protocol:	10 yrs	Wks: 0	Hrs: 0	Est: 0	<input type="checkbox"/> Radio								
PROVIDER IMPRESSION:				LEVEL OF DISTRESS: <input type="checkbox"/> None <input type="checkbox"/> IMD <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Severe											
CHIEF COMPLAINT CODES:															
A: mLAPSS: S: Net: <input type="checkbox"/> Y <input type="checkbox"/> N S: Last Known Well: E: Date: S: Time: M: E: LAMS Score: <input type="checkbox"/> Unable															
Protocol: Traumatic arrest Big rig struck x 2 SIC CHP Shoot x 3 GSW Blower leg S Chest @ thigh needle F PEAK 30 Bleed 8-10mL IUP: wks Suspected Drugs/ETOH? DNR/AHCD/POLST? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk NKA Allergies: <i>Wheezes</i>															
LOC: <input type="checkbox"/> ALERT <input type="checkbox"/> O ₂ x3 <input type="checkbox"/> Disoriented <input type="checkbox"/> Normal for Pt <input type="checkbox"/> Combative <input type="checkbox"/> No Response <input type="checkbox"/> NoT Alert		GCS: Eye: 1 Verbal: 1 Motor: 1 TOTAL GCS: 3		PUPILS: <input type="checkbox"/> PERRL <input type="checkbox"/> Fixed/Dilated <input type="checkbox"/> Unequal <input type="checkbox"/> Cataracts <input type="checkbox"/> PPinpoint <input type="checkbox"/> Sluggish		Initial Rhythm: <i>RR</i> 12-Lead ECG Ordered? <input type="checkbox"/> Y <input type="checkbox"/> N 12-Lead ECG @: <i>RR</i> EMS Interpretation: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> STEMI Software Interpretation: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> STEMI Artifact? <input type="checkbox"/> Y <input type="checkbox"/> N Wavy Baseline? <input type="checkbox"/> Y <input type="checkbox"/> N Paced Rhythm? <input type="checkbox"/> Y <input type="checkbox"/> N Witnessed by:									
RESPIRATIONS: <input type="checkbox"/> CLEAR <input type="checkbox"/> NORMAL rate/effort TIDAL VOLUME: <input type="checkbox"/> N <input type="checkbox"/> + <input type="checkbox"/> - <input type="checkbox"/> Wheezes <input type="checkbox"/> Laboring <input type="checkbox"/> Apnea <input type="checkbox"/> Rales <input type="checkbox"/> Unequal <input type="checkbox"/> Snoring <input type="checkbox"/> RHonch <input type="checkbox"/> JVD <input type="checkbox"/> Accessory Muscle Use		SKIN: <input type="checkbox"/> UNML <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Cool/Cold <input type="checkbox"/> Flushed <input type="checkbox"/> Diaphoretic <input type="checkbox"/> Hot		Cap Refill: <input type="checkbox"/> Normal <input type="checkbox"/> Delayed #1: _____ #2: _____ Glucometer Ordered? <input type="checkbox"/> Y <input type="checkbox"/> N		Glucometer: <i>RR</i> #1: _____ #2: _____ Glucometer Ordered? <input type="checkbox"/> Y <input type="checkbox"/> N									
O2@: lpm Titrated <input type="checkbox"/> Y <input type="checkbox"/> N via: <input type="checkbox"/> NC <input type="checkbox"/> Mask <input type="checkbox"/> BMV <input type="checkbox"/> Blow by <input type="checkbox"/> Existing Trach. <input type="checkbox"/> ETT <input type="checkbox"/> SGA(K) <input type="checkbox"/> CPAP IV: <input type="checkbox"/> SL <input type="checkbox"/> FC: cc <input type="checkbox"/> Not Ordered <input type="checkbox"/> IV Unable <input type="checkbox"/> Refused <input checked="" type="checkbox"/> IO <input type="checkbox"/> PreeXisting IV Transcutaneous Pacing: Electrical Capture <input type="checkbox"/> Y <input type="checkbox"/> N Mechanical Capture <input type="checkbox"/> Y <input type="checkbox"/> N Needle Thoracostomy <input type="checkbox"/> Spinal Motion Restriction <input type="checkbox"/> SMR Refused <input type="checkbox"/> Tourniquet (TK)															
TIME: <i>RR</i>	B/P: <i>RR</i>	PULSE: <i>RR</i>	RR: <i>RR</i>	O2 SAT: <i>RR</i>	PAIN: <i>RR</i>	TEMP: <i>RR</i>	TEMP UNITS: <i>RR</i>	CO2 #: <i>RR</i>	WAVE: <i>RR</i>	ECG: <i>RR</i>	DRUG/DEFIB: <i>RR</i>	SEDS past 48hrs? <input type="checkbox"/> Y <input type="checkbox"/> N	DOSE: <i>RR</i>	DOSE UNITS: <i>RR</i>	ROUTE: <i>RR</i>
LSS & TXS: <i>RR</i>								A: <input type="checkbox"/> Citizen <input type="checkbox"/> EMS <input type="checkbox"/> None P: CPR by: <i>RR</i> E: <input type="checkbox"/> Citizen <input type="checkbox"/> EMS <input type="checkbox"/> None S: Arrest to CPR (in minutes): <i>RR</i> R: Rtn of Pulse (ROSC)? <input type="checkbox"/> Y <input type="checkbox"/> N R: Rtn of Pulse (ROSC) @: <i>RR</i> R: Resus D/C @: <i>RR</i> R: Resus D/C Rhythm: <i>RR</i> Total Min. EMS CPR: <i>RR</i>							
TRAUMA: <input type="checkbox"/> No Apparent Injury <input type="checkbox"/> Burns/Elec. Shock <input type="checkbox"/> Critical Sun <input type="checkbox"/> ISSB <90(<70 if <1yr) <input type="checkbox"/> IRR<10/20(<20<1yr) <input type="checkbox"/> Susp. Pelvic FX <input type="checkbox"/> Spinal Cord Injury <input type="checkbox"/> Inpatient Trauma <input type="checkbox"/> Uncontrolled Bleeding				B: P: <input type="checkbox"/> Trauma Arrest <input type="checkbox"/> Head <input type="checkbox"/> Diffuse Abd. Tenderess <input type="checkbox"/> GCS<14 <input type="checkbox"/> Genitals <input type="checkbox"/> Face/Mouth <input type="checkbox"/> Buttocks <input type="checkbox"/> Neck <input type="checkbox"/> Extremities <input type="checkbox"/> Back <input type="checkbox"/> Extrem. above knee/elbow <input type="checkbox"/> Chest <input type="checkbox"/> Fractures >2 long bones <input type="checkbox"/> Flail Chest <input type="checkbox"/> Amputation above wrist/ankle <input type="checkbox"/> Tension Pneumo <input type="checkbox"/> Neur/Vasc/Mangled <input type="checkbox"/> Minor Lacerations				C: P: <input type="checkbox"/> Enclosed Vehicle <input type="checkbox"/> Sports/Rec <input type="checkbox"/> Ejected <input type="checkbox"/> Assault <input type="checkbox"/> Extricated @: <i>RR</i> Pass. Space Inf. <input type="checkbox"/> >12" <input type="checkbox"/> >18" <input type="checkbox"/> Survived Fatal Accident <input type="checkbox"/> GSW <input type="checkbox"/> Impact >20mph Unenclosed <input type="checkbox"/> Animal Bite <input type="checkbox"/> Ped/Bike: Runover/Thrown >20mph <input type="checkbox"> CRush <input type="checkbox"/> Ped/Bike <20mph <input type="checkbox"/> Telemetry Data <input type="checkbox"/> Motorcycle/Moped <input type="checkbox"/> Special Consid. <input type="checkbox"/> TASer <input type="checkbox"/> Hazmat Exposure <input type="checkbox"/> Other: <input type="checkbox"/> Work-Related <input type="checkbox"/> Unknown <input type="checkbox"/> Other: <input type="checkbox"/> AntiCoagulants</input>							
CODE all options, CHECK actual destination:				CODE: <i>RR</i>	ETA: 5	CHECK ONE:				DESTINATION RATIONALE:					
TREATMENT: <input type="checkbox"/> MAR <input type="checkbox"/> EDAP (age ≤14) <input type="checkbox"/> TC <input type="checkbox"/> PTC (trauma, age ≤14) <input type="checkbox"/> PMC (medical, age ≤14) <input type="checkbox"/> STEMI Receiving Center <input type="checkbox"/> Primary Stroke Center <input type="checkbox"/> Comprehensive Stroke Center <input type="checkbox"/> PeriMaternal (>20wks pregnancy) <input type="checkbox"/> SART <input type="checkbox"/> Other				Specialty Center: <input type="checkbox"/> Not Required <input type="checkbox"/> Required/Criteria Met <input type="checkbox"/> Guidelines Met				D: <input type="checkbox"/> ED Saturation <input type="checkbox"/> Internal Disaster <input type="checkbox"/> CT Diversion <input type="checkbox"/> IFT <input type="checkbox"/> SC diversion: <input type="checkbox"/> TC/PTC <input type="checkbox"/> PMC <input type="checkbox"/> STEMI <input type="checkbox"/> PrimAry Stroke Center <input type="checkbox"/> Comprehensive Stroke Center <input type="checkbox"/> SC Not Accessible <input type="checkbox"/> JudGment (Provider/Base) <input type="checkbox"/> Shared Ambulance <input type="checkbox"/> Minimal Injuries <input type="checkbox"/> Unmanageable Airway <input type="checkbox"/> Requested by: <input type="checkbox"/> Other: E: REASON FOR NO TRANSPORT: <input type="checkbox"/> AMA <input type="checkbox"/> DOA <input type="checkbox"/> Assess, Treat & Release <input type="checkbox"/> Eloped <input type="checkbox"/> T.O.R./814 <input type="checkbox"/> Pronounced <input type="checkbox"/> Other: _____							
Time Clear: 11/14/03				PT TRANSPORTED VIA: <input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> Helicopter - ETA: _____ <input type="checkbox"/> No Transport				F: DISPO: If Base is receiving hospital: <input type="checkbox"/> Discharged <input type="checkbox"/> Ward <input type="checkbox"/> Stepdown <input type="checkbox"/> ICU <input type="checkbox"/> Observation <input type="checkbox"/> OR <input type="checkbox"/> Cath Lab <input type="checkbox"/> Interventional Radiology <input type="checkbox"/> Expired In ED <input type="checkbox"/> OB Transferred to: _____ (Hosp. code) <input type="checkbox"/> Other: _____							
Time Receiving Hospital Notified				G: ED Diagnosis:											
Name of Person Notified:															
COMMENTS: <i>RR</i>				MICN:	Physician:					Patient Name/Number:					